

National Support Team for Response to Sexual Violence
DRAFT Action plan to address the challenges and recommendations – Version 3 (March 2011)

Observations/Issues	Recommendations	Responsible Lead	Deadline Date	Action taken
Key Recommendations				
1. The NST recommends the establishment of a SARC Strategic Partnership Board (SSPB) and a SARC Operational Group.		PCT – PH and Police	March 2011	A list of proposed representatives on each group has been created and meeting date is being arranged. The PCT are having an internal meeting to discuss next steps 11 th March 2011
2. The SARC Strategic Partnership Board should define and agree a shared strategy and vision for the future model of SARC service for adults, adolescents and child victims from across Cleveland.		Strategic Partnership Board	October 2011	The first meeting of the Partnership Board is being arranged. The vision and objectives will be defined and following the completion of a needs assessment a shared strategy developed.
3. The NST recommends a strategic approach to commissioning of SARC services for adult and child provision that covers the entire victim journey from report and incorporating appropriate follow-on support.		PCT - PH		
4. The NST recommends an urgent review of current spend for SARC service provision.		PCT - PH	April 2011	A proposal for the completion of a needs assessment has been developed. The Partnership Board representatives and Terms of Reference has been drafted.
5. The NST recommends that the proposed SARC Strategic Partnership Board review the communication, partnership arrangements, referral protocols and feedback/outcome mechanisms across SARC services to enable seamless services for victims as a matter of urgency.		PCT - PH and Police		
6. The NST recommends that the proposed SARC Operational Group identifies all practice guidance and governance structures are in place to ensure risk assessments and safeguarding protocols are understood by SARC services personnel and are followed correctly. There should be clear structures for accountability and documentation of decisions made.		PCT	August 2011	This will be informed by the Needs Assessment. The scope of the review will include mapping current services, current spend, a gap analysis and proposals for addressing the service gaps.

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Needs assessment, information and data				
<p>There is no overarching sexual violence needs assessment to inform the commissioning of an inclusive SARC service that incorporates the entire victim journey.</p> <p>Whilst the NST was informed that Teesside Sexual Violence Strategy Group has identified and is collecting data from some partners, it was reported that this does not inform the commissioning process.</p>	<p>1. The NST recommends that commissioners undertake a comprehensive sexual violence needs assessment to identify levels of need amongst adults, adolescents and children from across Cleveland, and the future likely demand on the SARC service. The NST is due to publish a Sexual Violence Needs Assessment Toolkit in Spring 2011 to support this process.</p>	Public Health	<p>June 2011</p> <p>April 2011</p>	<p>A proposal for the completion of a needs assessment has been developed and will be initiated shortly</p> <p>The scope of the review will include mapping current services, current spend, a gap analysis and proposals for addressing the service gaps.</p>
<p>The NST was informed that there is a SARC Operational Management Board in existence. However, the NST heard consensus on the need to revise the current management and governance arrangements for the SARC services.</p>	<p>2. The NST recommends the establishment of a SARC Strategic Partnership Board, chaired by an executive from one of the funding organisations (or possibly on a rotating basis) and with clear Terms of Reference.</p>	Public Health	March 2011	Meeting being arranged
	<p>3. The SARC Strategic Partnership Board should be accountable to the wider partnership eg, through the four established Local Strategic Partnership Boards.</p>	Public Health		
	<p>4. The NST recommends that the new SARC Strategic Partnership Board identify a vision, strategy and commissioning framework for sustainable SARC services across Teesside.</p>	Partnership Board		
	<p>5. The new SARC Strategic Partnership Board should ensure there is a SARC Operational Group (accountable to the SARC Strategic Partnership Board) to focus on the SARC services (wider than Helen Britton House). It should be fully representative of all key stakeholders, with</p>	Partnership Board		

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	work plans that are clearly owned, with timescales and milestones.			
	6. The NST recommends a review of all other sexual violence groups to identify duplication and determine their interface.	Public Health		
Strategy and Commissioning				
There is no overarching agreed strategy or vision for the SARC services amongst key stakeholders.	7. The SARC Strategic Partnership Board with stakeholders should define and agree a strategy and vision for the future model of SARC services for adults, adolescents and child victims from across Cleveland.	Partnership Board	October 2011	The first meeting of the Partnership Board is being arranged. The vision and objectives will be defined and following the completion of a needs assessment a shared strategy developed.
The commissioning of the minimum elements of SARC services is currently fragmented, with no risk sharing arrangements or strategic direction ((NHS Tees commissioning HBH, police commissioning forensic physicians, Local Authorities provide funding to some third sector organisations). There is no collective performance management and reporting framework to monitor each of the elements of the SARC services.	8. The NST recommends a partnership approach to strategic commissioning of SARC services for adult, adolescent and child provision that covers the entire victim journey from report and incorporating appropriate follow-on support.	Partnership Board	June 2011	The Partnership Board will agree a performance framework. The current service specification and contract needs to be revised to include appropriate quality outcomes and assurance mechanisms for the commissioners.
The NST is concerned that there is no coherent understanding of the totality of the current spend on SARC services amongst key funding organisations.	9. In order to secure a sustainable SARC service model across Cleveland, the NST recommends an urgent review of current spend.	Public Health & Police	June 2011	Will be addresses by the Needs Assessment
Health and Social Care				
The NST was informed that victims of sexual violence make first disclosures of an	10. The NST recommends that consideration be given to maximise	Public Health	June 2011	The Medical Director of the new integrated Teeside Sexual Health

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<p>assault to a variety of health services e.g. A&E, General Practice and sexual health. However, there appear to be missed opportunities for anonymised reporting of these crimes to provide intelligence to the police.</p>	<p>opportunities for anonymised reporting within the health service e.g. joint training and information reporting.</p>			<p>Service (Assura Stockton LLP) were involved in the NST visit and can support raising the awareness of the service within the sexual health service.</p> <p>Regarding children and young people, where sexual abuse is suspected or alleged, Local Safeguarding Children Board procedures will be followed and social care and the police will always be involved. Therefore there is not the need for anonymised reporting to provide intelligence to the police.</p> <p>Training planned for domestic violence will incorporate awareness and reporting of sexual violence.</p>
<p>The NST was informed that awareness of the SARC service amongst some health professional may be limited, resulting in potential ineffective referral pathways into and out of the SARC.</p>	<p>11. The NST recommends the proposed SARC Operational Group undertake a review of referral pathways into and out of the SARC service to identify potential gaps as a matter of urgency.</p>	<p>Operational Group – Sue Hayles</p>	<p>April 2011</p>	<p>The Marketing Sub Group have embarked upon a promotional campaign with Posters, Stickers, information displays, advertising in newspapers and on parking tickets. This is scheduled to span the remainder of 2011. Low staffing levels at the SARC restrict the numbers of ‘talks’ to explain the service and promote non police referrals, they will continue attempts to address staffing levels in addition to the staffing issues at point 24.</p>
<p>Children and Young People</p>				
<p>The NST was concerned about the lack of clarity on the assessment of risk and safeguarding procedures at Helen Britton</p>	<p>12. The NST recommends that as a matter of urgency, all practice guidance and governance structures are put in place to</p>	<p>PCT Safeguarding Team</p>	<p>March 2011</p>	<p>SARC personnel at HBH have been provided with the web link for LSCB procedures and up to date contact</p>

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House and SARC services providers in the third sector.	ensure risk assessments and safeguarding protocols are understood by SARC services personnel and are followed correctly. There should be clear structures for accountability and documentation of decisions made.			<p>lists re who to communicate with where they have concerns for a child/young person.</p> <p>SARC personnel training needs re safeguarding children have been reviewed and the Tees Child Protection Training Programme is arranging dates to provide with urgency 'in house' service specific update training focusing on the assessment of risk, what to do if concerned about a child and record keeping.</p> <p>A meeting has been arranged with the SARC manager on 25th March to ensure clear structures of accountability are in place.</p>
There is inequitable Child Sexual Assault (CSA) services provision across Cleveland with different arrangements in place for acute and historic cases.	13. The NST recommends that the proposed SARC Strategic Partnership Board work jointly with commissioners to develop an evidence based CSA commissioning strategy.	Partnership Board	June 2011	A strategy is in place to raise the issues re the third sector with each of the Tees LSCBs and provide an audit trail to ensure appropriate child protection arrangements are in place across the third sector. Issues discussed at Stockton LSCB on 18 March, will be discussed at Middlesbrough LSCB on 28 March and other 2 soon after.
It is unclear what joint contract arrangements are in place for CSA services. There is no agreed care pathway, no robust referral criteria or formal arrangements for on-going therapeutic support.	14. The NST recommends that commissioners develop an integrated CSA contract, a consistent, costed service specification with clear standards and referral protocols for the delivery of the entire care pathway.			To be addressed by the Strategic Partnership Board and Needs Assessment and action taken
The NST was informed that police officers and social workers do not routinely consult with paediatricians/forensic physicians	15. The NST recommends that local professionals adopt relevant national guidance in relation to the	Operational Group	March 2011	A meeting took place on 24 Feb 2011 that involved Police Officers, Social Workers and Paediatricians

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during strategy discussions to decide on the appropriateness of forensic examination/assessment. It is important for professionals to recognise the merits of the medical consultation beyond forensic issues.	examination/assessment of children.			from across Tees. A decision was made to ensure the new Tees LSCB procedures currently being developed will include a requirement for Police Officers, Social Workers and Paediatricians to be involved in the planning stage of all cases of CSA.
	16. The NST recommends that multi-agency, multi-disciplinary training should be delivered to all relevant professionals.	Partnership Board	June 2011	This will be addresses in revised procedures
Police				
Although Cleveland Police have committed financial contribution to the long-term rent agreement for Helen Britton House, the long term sustainability of the facility from other strategic partners is uncertain.	17. The NST recommends that a Chief Officer takes ownership and provides leadership in securing executive level partnerships to develop and achieve the objective of a sustainable SARC service for the future needs of victims across the county.			
The NST was informed that the effectiveness of the delivery of the entire end-to-end process of the response to a report of rape or serious sexual assault is unknown.	18. The NST recommends that a case tracking exercise be undertaken to identify points of attrition and any opportunities to streamline or make more effective use of resources.			
The NST was informed that the financial cost of the delivery of each element of service to victims of sexual offences is unknown.	19. The NST recommends that Cleveland Police undertake a review of the financial cost of each element of service delivery they fund. This may identify opportunities for cost efficiency savings or a redirection of funds to deliver the desired service model.			
The investigative response to sexual violence is delivered at divisional level which results in: o An inconsistent force wide standard of service delivery	20. The NST recommends that Cleveland Police consider: • The merits and efficiencies of developing a dedicated team response • An options appraisal for delivering such a			

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o Variance in attitudes towards victims o Difficulty in achieving a consistent whole team partnership approach	structure			
Crown Prosecution Service (CPS)				
The NST was informed that the process of early consultation is not embedded in practice consistently across the four police districts.	21. The NST recommends that the strategic prosecution team partnership undertake a review of practice across the force to ensure a consistent standard of delivery.			
SARC Operations				
The NST notes the lack of coordinated approach to deliver SARC services to meet the minimum elements of service (Revised National Service Guide).	22. The NST recommends that a Strategic Partnership Board is developed with the appropriate level of representation from partner agencies to ensure a coordinated response to SARC services for all victims.	Public Health	March 2011	The first meeting of the Partnership Board is being arranged list of proposed representatives has been drafted.
The NST notes that clinical governance structures and risk management are unclear.	23. The NST recommends that clinical governance structures are clarified and that vicarious liability; including honorary contracts are agreed where appropriate.	Partnership Board	April 2011	PCT to question through contract review
The NST was informed that the staffing structure and associated pay banding at Helen Britton House does not reflect the levels of accountability and responsibility.	24. The NST recommends the staffing structure at Helen Britton House is reviewed to reflect appropriate levels of accountability and responsibility.	Janet Breckon	March 2011	PCT to question through contract review
The NST notes that there are no clear protocols or evidence of patient risk assessment and appropriate referral pathways.	25. The NST recommends that patient risk assessment documentation is implemented providing an audit trail.	Sue Hayles	March 2011	Risk assessment at the point of crisis (Helen Britton House) has occurred with every case through either FME questioning, Police questioning or Helen Britton House staff. Due to the working relationships with ongoing services it was felt more appropriate that formal risk assessment and documentation of such be picked up by the 3rd Sector ISVA services beyond the initial crisis stage. Helen Britton House will formalise their current risk assessment in light of

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				NST recommendations and the Manager has applied for ISVA funding which has been successful so will strengthen the staff resolve and integrate ISVA services to facilitate this process 'in house'. A team meeting has been arranged to initiate the introduction of CAADA recommended risk assessments on 17/03.
The NST notes that there is no robust audit trail in relation to medicines management policies.	26. The NST recommends that clinical audit programmes are developed including medicines management.	Public Health & Sue Hayles	March 2011	PCT to question through contract reviews
The NST was informed that still images are sometimes printed from the colposcope, generating unnecessary evidential material.	27. The NST recommends that photo documentation policies are reviewed and communicated to all forensic medical practitioners. Further, the printer should be removed to avoid inappropriate printing of still images.	Sue Hayles	March 2011	Printer has been removed from the area
The NST was informed that there are some exclusions to ISVA services, which creates an unmet need for some client groups.	28. The NST recommends that there is a review of all ISVA provision across Cleveland to ensure equity of access.	Partnership Board	April 2011	A number of bids have been submitted to the Home Office for funding for the next 4 years. The SARC has been successful for a part time ISVA to be based within the core team. A review of all ISVA provision and roles clearly defined needs to be completed.
The NST was informed that capital costs are charged to the SARC budget with no associated cost code/budget line.	29. The NST recommends that the overall SARC costs are reviewed and expenditure is costed to the appropriate budget line/cost code.	Janet Breckon	April 2011	A full mapping of all partnership services would help identify the true cost overall in addition to highlighting current spend on specific areas and current need
Forensic Science				
The NST visit to Helen Britton House identified several items within the medical	30. The NST recommends that the printer, spare DVDs and Police and	S Hayles	January 2011	The printers and PACE kits have been removed from the examination

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examination rooms that potentially compromise forensic integrity.	Criminal Evidence (PACE) kits are removed from the examination rooms and that the colposcope and keyboard is appropriately covered in between examinations.			rooms.1
The NST was informed and it was observed during the visit to Helen Britton House that fabric dressing gowns are routinely provided for acute forensic medical examination patients to wear immediately after undressing within the examination rooms, which could potentially compromise forensic integrity.	31. The NST strongly recommends that this practice ceases from immediate effect and disposable gowns are utilised. If additional layers are required due to room temperature and/or modesty issues, then the patient can be provided with a fabric dressing gown to wear over the top of the disposable variety.	S Hayles	January 2011	Disposable gowns are now being used.
The NST was advised that acute forensic medical examinations of children are conducted at the Royal Victoria Infirmary in Newcastle. The NST cannot comment on the forensic integrity of the facility.	32. The NST recommends that an NST forensic expert advises upon the forensic integrity of the facility.	NST	March 2011	<p>Background: STHFT has never used the SARC facilities for the forensic examination of children. This is chiefly as a result of the difficulty in having a Paediatrician off site.</p> <p>NTHT used the facility for the forensic examination of children up until April 2010.</p> <p>Since April 2010 all acute cases of child sexual abuse across Tees 0-16 attend the RVI Newcastle, for forensic medical examinations so as to be assured the appropriate expertise is available.</p> <p>Due to the low number of medical examinations needed this is an issue for the whole of the northern region out with the Newcastle hospitals and the SHA is leading on a regional approach to commissioning the forensic examination of children, undertaking a partnership approach</p>

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				with the police
The NST noted that there is lack of clarity around partnership working between the forensic physician, SOLO and investigating officers in strategy setting for the forensic medical examination of victims and suspects.	33. The NST recommends that the lead forensic physician has an input on both the Specially Trained Officer Development Programme (STODP) and the Initial Crime Investigation Development Programme (ICIDP) courses to discuss forensic strategy setting.	Police		
The NST was informed that Early Evidence Kits (EEKs) are utilised across Cleveland by the Police. However a complete audit of kit use is not in place, and therefore their effectiveness is unknown.	34. The NST recommends that an audit of kits is conducted and maintained force wide, including details on effective deployment of EEKs.			
The NST was informed that the timescale for the retention of self-referral forensic samples at Helen Britton House is unlimited currently. If self-referral numbers increase in the future, storage capacity may become an issue.	35. The NST recommends the retention policy for self-referral samples is reviewed taking into consideration national SARC practice.	Sue Hayles		The SARC will amend the current policy to reflect the National 6 year retention period and provide a staff training session to ensure that clients are given the correct information in relation to retention of non police samples
The NST notes that there are potential continuity of evidence issues in relation to labelling of forensic samples.	36. The NST recommends that best practice in relation to labelling of forensic samples (FFLM/FSS) be followed and where necessary further forensic training be provided to forensic physicians and SOLO Officers.	Police?		
Third Sector				
There is limited communication, referrals, outcome/feedback mechanisms, liaison and collaborative working between Helen Britton House and the third sector providers of SARC Services. The current working relationship and arrangements between Helen Britton House and the third sector providers could	37. The NST recommends that the proposed SARC Strategic Partnership Board review the communication, partnership arrangements, referral protocols and feedback/outcome mechanisms across SARC services to enable seamless services for victims as a matter of urgency.	Partnership Board	August 2011	The Partnership Board will address and the Needs Assessment will identify client pathways and propose changes.

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have a negative impact on the victim journey.				
The NST is unclear about the effectiveness of the referral pathway between Helen Britton House and the ISVA services.	38. The NST recommends that the SARC Strategic Partnership Board undertake a review of referral pathways between Helen Britton House and the ISVA services.	Partnership Board	August 2011	The Partnership Board will address and the Needs Assessment will identify client pathways and propose changes.
The NST is concerned that the majority of follow-on SARC services delivered in the third sector (i.e. counselling and ISVA services), are not within a commissioning and strategic framework.	39. The NST recommends the commissioning arrangements for the SARC services encompass counselling and ISVA services from the most appropriate provider (s).	Partnership Board	September 2011	To be addressed after completion of the Needs Assessment
Mental Health				
Statutory child and adult mental health services have had limited direct involvement in the development of local SARC services. This may reflect a too narrow focus on immediate Helen Britton House services by the SARC Operational Management Board, which inhibits consideration of the whole victim journey.	40. The NST recommends that the vision for SARC services encompass the whole victim journey. This would ensure statutory child and adult mental health services have a stake in the development of SARC services.	Partnership Board		
	41. As stakeholders, statutory child and adult mental health commissioners and providers should be involved in developing follow-on support, counselling and therapy through membership of the SARC Strategic Partnership Board and the SARC Operational Group.	Jane King		
The NST was informed that some statutory child and adult mental health services are unable to take referrals for some sexual violence victims because they do not fit into narrow definitions of mental ill-health.	42. The NST recommends that commissioners of child and adult mental health services extend current remits to include specific reference to victims of sexual violence.	Public Health and John Stamp	June 2011	Mental Health Commissioners to be represented on the Partnership Board.
There is a lack of clarity about how SARC service providers assess risk and safeguard adults and children.	43. The NST recommends that the proposed SARC Operational Group identifies all practice guidance relevant to the delivery of SARC services. This guidance should be implemented and	Operational Group	June 2011	SARC personnel at HBH have been provided with the web link for LSCB procedures and up to date contact lists re who to communicate with where they have concerns for a

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	governance structures put in place to ensure risk assessments and safeguarding protocols are understood by SARC services personnel and are followed correctly. There should be clear structures for accountability and documentation of decisions made.			<p>child/young person.</p> <p>SARC personnel training needs re safeguarding children have been reviewed and the Tees Child Protection Training Programme is arranging dates to provide with urgency 'in house' service specific update training focusing on the assessment of risk, what to do if concerned about a child and record keeping.</p> <p>A meeting has been arranged with the SARC manager on 25th March to ensure clear structures of accountability are in place.</p>
There are no locally agreed standards for SARC related support, counselling and therapy services, such as those third sector organisations recommended in the Helen Britton House 'information for survivors of sexual assault and rape' leaflet.	44. The NST recommends that agreed standards for the wider network of SARC services that provide ongoing support, counselling and/or therapy to adult and child victims of sexual violence are incorporated into commissioning arrangements.	Mental Health Commissioning – John Stamp		
The NST was told that not all services who provide ongoing support, counselling and therapy services utilise national and local guidance on pretrial therapy.	45. The NST recommends that the proposed operational group develop and implement SARC specific guidance on pre-trial therapy.	Operational Group		
There are no formal care pathways between statutory mental health services, the third sector and Helen Britton House. This results in inequitable access to support, counselling and therapy services.	46. The NST recommends that formalised protocols and pathways between HBH, third sector SARC services, and both adult and child mental health services are developed.	Operational Group		Helen Britton House follow MRCCS policies in relation to medicine management and have already (pre-NST) obtained additional advice from Medicine Management team. Further work will take place with the relevant Public Health personnel to develop clinical audit programmes

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	47. The NST recommends that in developing protocols and pathways between HBH, third sector SARC services and statutory mental health provision, both acute and longer-term need is accounted for in order to ensure there is sufficient capacity to meet need.	Operational Group		
There is limited understanding about the scale and costs of the mental health needs of child and adult victims of sexual violence across Cleveland.	48. The NST recommends that as part of the needs assessment, commissioners instigate a review and analysis of the mental health needs of child and adult victims of sexual violence, encompassing existing sources of information on current provision for this client group.	Public Health		
	49. This data should be used to inform their commissioning of dedicated follow-on support, counselling and therapy services in order to ensure equality of access across Cleveland.	Public Health		
The NST was told that there is a limited service for adult victims of sexual violence who are also perpetrators.	50. The NST recommends that commissioners of SARC services include this particular group of victims in their needs assessment.	PCT and Police		